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**FISCAL IMPACT STATEMENT**

**LS 7280**

**BILL NUMBER:** SB 559

**NOTE PREPARED:** Feb 1, 2013

**BILL AMENDED:** Jan 31, 2013

**SUBJECT:** Fraud.

**FIRST AUTHOR:** Sen. Hershman

**FIRST SPONSOR:**

**BILL STATUS:** CR Adopted - 1<sup>st</sup> House

**FUNDS AFFECTED:** X GENERAL  
X DEDICATED  
X FEDERAL

**IMPACT:** State & Local

**Summary of Legislation:** (Amended) *Medicaid Fraud Ineligibility Time Frame:* This bill sets forth the Medicaid ineligibility time frame for a person who is convicted of forgery, fraud, legend drug deception, and other deceptions related to the application for or receipt of Medicaid assistance.

*State Excise Police:* The bill allows the State Excise Police to investigate allegations of electronic benefit transfer (EBT) fraud.

*Replacement EBT Cards:* The bill requires the Division of Family Resources (DFR) to establish a process for certain recipients to follow in order to receive a replacement EBT card.

*Transportation Provider Surety Bonds:* The bill requires a transportation provider that applies to enroll in the Medicaid program to file with the Office of Medicaid Policy and Planning (OMPP) a surety bond to be used for specified purposes.

*Medicaid Providers:* The bill requires the OMPP to visit certain Medicaid providers and provider applicants if certain conditions are met. It also requires a national criminal history background check on certain Medicaid provider applicants at the cost of the applicant.

*School Lunch Program Participation Audit:* The bill allows an audit and inspection of completed lunch school program applications to ensure that applicants meet the requirements to participate in the program.

**Effective Date:** July 1, 2013.

**Summary of NET State Impact:** (Revised) *State Excise Police*: It is not known at this time what level of resources the Indiana Excise Police may have to conduct investigations of alleged EBT fraud.

(Revised) *Replacement EBT Cards*: It is not known at this time if the DFR can track the number of replacement cards an individual has requested in the specified time frame or what resources might be necessary to implement this provision.

(Revised) *School Lunch Program Participation Audit*: This requirement should have no fiscal impact since the federal Food and Nutrition Service currently audits the participation compliance in the federal free and reduced lunch program.

(Revised) *Transportation Provider Surety Bonds*: The level of resources required by FSSA and OMPP to implement the surety bond requirement for Medicaid providers is not known at this time, although other providers are required to maintain surety bonds as a condition for providing Medicaid or Medicare services. Medicaid administrative expenditures are generally matched by 50% federal funds. Recoveries would be split between the federal and state Medicaid programs in the same percentage as the contested claim. The Attorney General's office has estimated that if the surety bond requirement had been in place during the last five years, the amount owed to the state would have been reduced by 20.7%, or \$476,465.

(Revised) *Medicaid Fraud Ineligibility Time Frame*: The fiscal impact of this provision would depend on individual circumstances, sentences, and the number of persons convicted of forgery, fraud, legend drug deception, and other deceptions related to the application for or receipt of Medicaid assistance.

**Explanation of State Expenditures:** (Revised) *State Excise Police*: The bill allows the State Excise Police to investigate allegations of fraud within the EBT program and to investigate applicants, recipients, retailers, and individuals who sell or purchase EBT cards fraudulently. The EBT program is used to distribute Temporary Assistance to Needy Families (TANF) grants and Supplemental Nutrition Assistance Program (SNAP) benefits. SNAP benefits are limited to sales with authorized retailers; TANF grants are for cash assistance. In June 2012, there were about 403,000 households and 909,000 recipients receiving SNAP assistance, and about 15,500 households and 37,600 individuals receiving TANF grants. The number of retailers that participate in the EBT program or the level of resources the Indiana Excise Police may have to conduct investigations of alleged EBT fraud are not known at this time.

(Revised) *Replacement EBT Cards*: The bill requires the DFR to establish a process to follow in order for a recipient to receive a replacement EBT card. The process must require that if a recipient has requested a replacement card at least three times within the prior 12-month period, a written request is required. Further, the bill allows the DFR to deny the replacement of a card if the individual does not follow the procedure established. It is not known at this time if DFR can track the number of replacement cards an individual has requested in the specified time frame or what resources might be necessary to implement this provision. [This information will be provided when it is available from FSSA.]

(Revised) *School Lunch Program Participation Audit*: The bill requires an audit, inspection, or administrative review of applications for the school lunch program to ensure that applicants meet the requirements to participate in the program. This requirement should have no fiscal impact since the federal Food and Nutrition service currently audits the participation compliance in the federal free and reduced lunch program.

(Revised) *Transportation Provider Surety Bonds*: The bill would after July 1, 2013, require for-profit common carriers newly applying for Medicaid provider status to furnish with the application an authorized surety bond that would provide coverage for liability of at least \$50,000. The bill provides that if a surety bond does not meet the specified requirements, OMPP may revoke or deny the provider's billing privileges. If a lapse or gap in bond coverage occurs, OMPP is required to revoke the provider's billing privileges. The bill provides that OMPP may not reimburse a Medicaid provider for services provided during the lapse or gap in coverage.

The level of resources required by FSSA and OMPP to implement the surety bond requirement for Medicaid providers is not known at this time, although other providers are required to maintain surety bonds as a condition for providing Medicaid or Medicare services. Medicaid administrative expenditures are generally matched by 50% federal funds. Recoveries would be split between the federal and state Medicaid programs in the same percentage as the contested claim.

*Medicaid Fraud Ineligibility Time Frame*: The bill would allow persons convicted of Medicaid fraud one or two times to receive Medicaid services sooner than is provided for in current statute. The fiscal impact of this provision would depend on individual circumstances, sentences, and the number of persons convicted of forgery, fraud, legend drug deception, and other deceptions related to the application for or receipt of Medicaid assistance. Family and Social Services Administration data indicates that nine individuals were convicted of Medicaid member fraud in CY 2011.

The existing Class A misdemeanor applies to welfare fraud convictions of first-time offenders that involve public assistance amounts of less than \$250. All other existing criminal penalties applying to amounts of welfare fraud over \$250 constitute Class D or Class C felonies. The bill adds legend drug deception to the offenses for which Medicaid eligibility shall be suspended. Legend drug deception penalties are Class D and Class C felonies unless the commission results in death, in which case it is a Class A felony. Persons with convictions for forgery, fraud, legend drug deception, and other deceptions related to the application for or receipt of Medicaid assistance would be ineligible to receive medical assistance for: (1) 1 year for a first offense; (2) 2 years for a second offense; and (3) 10 years if the conviction is for a third or subsequent offense. Convictions for Medicaid member fraud appear to be limited. There were 11 such offenses in CY 2010 and nine in CY 2011, so the most likely period of ineligibility would be one year.

The bill would also allow the Office of Medicaid Policy and Planning (OMPP) to adopt rules establishing a process to suspend a person from receiving medical assistance if a reasonable suspicion exists that the person engaged in welfare fraud. OMPP should be able to promulgate rules within the level of resources currently available. If an investigation determines that an individual fraudulently applied for or received public assistance and criminal prosecution is not an available avenue to pursue, an administrative hearing may be an appropriate process to order restitution and disqualify recipients from receiving benefits. The level of resources required to implement an administrative hearing process would depend on the rules promulgated and the number of cases that might be heard.

*Background*: OMPP reported that in CY 2010, 138 Medicaid member fraud cases were substantiated by the Bureau of Investigations within the Family and Social Services Administration (FSSA). Of the total, 24 cases were prosecuted with 11 receiving felony convictions. The court ordered restitutions of \$24,554.

OMPP reported that in CY 2011, 24 Medicaid member fraud cases were substantiated by the Bureau of Investigations within FSSA. Of the total, 12 cases were prosecuted with 9 receiving felony convictions. The

court ordered restitutions of \$122,518.

OMPP reported that the agency cannot prosecute cases, being dependent on local prosecutors to take the cases. Further, the OMPP may not have sufficient evidence to meet the prosecutorial level needed to file a case in court.

Medicaid is jointly funded by the state and federal governments. The effective state share of program expenditures is approximately 33% for most services. Medicaid medical services are matched by the effective federal match rate (FMAP) in Indiana at approximately 67%. Administrative expenditures with certain exceptions are matched at the federal rate of 50%.

**Explanation of State Revenues:** (Revised) *Transportation Provider Surety Bonds:* By requiring surety bonds for Medicaid transportation providers, OMPP and the Attorney General's office could increase recoveries for overpayments and reimbursements made for fraudulent claims. The Attorney General's office has estimated that if the surety bond requirement had been in place during the last five years, the amount owed to the state would have been reduced by 20.7%, or \$476,465. Additionally, 50% of the fraud cases resolved could have been closed immediately, saving the cost of tracking and administering the settlements. The bill requires only new applicants to provide the surety bond, so recoveries may be somewhat less since existing providers would not be required to provide a bond. The Attorney General's office reported that for 2009, there were 240 enrolled Medicaid providers: 186 ambulatory common carriers, 41 nonambulatory common carriers, and 15 taxis.

(Revised) *Background Information on Surety Bond:* The bill would require for-profit common carriers that apply for Medicaid provider status to furnish OMPP with an authorized surety bond before the provider can receive reimbursement. The Centers for Medicare and Medicaid Services (CMS) has estimated the average annual cost of a surety bond at 3% of its face value, or about \$1,500 for a \$50,000 bond. The Attorney General's office has estimated the cost to be about \$300 annually. However, surety bond cost is generally related to individual factors relating to the bondholder's risk, such as credit rating, length of time in business, or prior adverse actions, so bond prices would vary depending on the buyer and the amount of the bond required. If a transportation Medicaid provider has had a criminal conviction, a civil judgement, or an exclusion action related to Medicaid provider services within the preceding 10 years, the bill requires an additional authorized surety bond as determined by OMPP.

State contracts with the managed care organizations (MCOs) currently require the organizations to provide a bond in the amount of \$1 M. It is not known how many other contracted Medicaid providers are required to provide a bond as a term of the contract. Medicare regulations require certain other providers to furnish surety bonds for Medicare purposes. Home health agencies are required to furnish surety bonds to Medicare and Medicaid.

**Explanation of Local Expenditures:** *Medicaid Fraud Ineligibility Time Frame:* Township poor relief may have fewer requests to furnish medical goods or services for indigent persons under suspension of eligibility for Medicaid benefits. (See *Explanation of State Expenditures* above.)

#### **Explanation of Local Revenues:**

**State Agencies Affected:** OMPP , Division of Family Resources, FSSA; Attorney General; State Excise

Police.

**Local Agencies Affected:** Township trustees.

**Information Sources:** FSSA; Attorney General; CMS state Medicaid letters and press releases.

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